

Frequently Asked Questions (FAQs) for School TB Assessment for the 2016/2017 School Year

The State of Alaska is moving away from recommendations for universal tuberculosis (TB) screening for different ages of school children to risk-based assessment. This frequently asked questions document provides answers to potential questions related to this transition.

Why is school TB screening changing in Alaska?

Targeted TB testing of high-risk children has been recommended by the Centers for Disease Control and Prevention (CDC) for over 20 years. While the vast majority of other state and local jurisdictions moved away from broad-based school testing years ago, broader TB school screening in Alaska has continued in part due to historically high rates of TB in the state, and the assumption that childhood TB cases were being prevented. Careful analysis of both recent TB rates and more than 10 years of TB school screening data has demonstrated that this broader approach did not result in the identification of cases of childhood TB, and should no longer be supported. Testing for TB should only be conducted if a risk factor for TB infection is identified.

National best practices for school TB screening were reviewed and regulations were updated to reflect new methodologies and include a targeted or risk-based approach to screening. Revised regulations that reference “Tuberculosis screening of school children” (7 AAC 27.213) were adopted 12/29/13. Changes to the regulations include the recommended use of health surveys and alternative laboratory-approved methods for assessing tuberculosis status in addition to PPD or tuberculin skin tests (TSTs).

*During the 2015/2016 school year, seven (7) “B” (low TB risk) school districts comprising 74% of ALL PreK-12 grade students enrolled statewide participated in a risk-based targeted TB testing **pilot project**. During the 2014/2015 school year 18,738 tuberculin skin tests (TSTs) were administered compared to only 643 TSTs during the 2015/2016 pilot representing a 97% reduction in the number of students tested. Data were only analyzed for districts that were pre-approved and fully participated in the pilot including:*

- Anchorage School District
- Copper River School District
- Fairbanks North Star Borough School District
- Juneau Borough School District
- Kenai Peninsula Borough School District
- Kodiak Island Borough School District
- Matanuska-Susitna Borough School District

Who is responsible for school TB screening in Alaska?

*While the Division of Public Health’s Tuberculosis Program establishes a comprehensive program for the control of TB in the state, and through **7 AAC 27.213 requires that each public and nonpublic school assess the TB status of each child, it is the responsibility of the school to perform this assessment**, and to suspend children who are not in compliance. It is also the **responsibility of each school to obtain and maintain signed consents** from each student’s parent or guardian for TSTs done at school. This is especially important for schools who do NOT employ school nurses and who rely on Public Health Nurses, contract nurses, or Community Health Aide/Practitioners (CHAPS) to complete annual TB skin testing in high risk areas of Alaska.*

Won't changing to risk-based screening increase the burden on school districts and possibly increase costs?

Decisions to screen school children for tuberculosis should be made on the basis of sound public health principles and guidelines. Current guidance from the Centers for Disease Control and Prevention, the American Thoracic Society, and the American Academy of Pediatrics recommend that only high-risk children receive TSTs or interferon gamma release assays (IGRA). By identifying high-risk children through the 4-question Risk Assessment, large numbers of children at low risk will no longer need TSTs or IGRAs.

Administration of the 4-question Risk Assessment can be done during the registration process with minimal impact on school districts. It is anticipated that the overall "costs" of doing TSTs in the school setting should significantly decrease. Less purified protein derivative (PPD) will be supplied by the Alaska TB Program; fewer syringes, alcohol wipes, sharps containers and related supplies will need to be purchased by districts. Fewer interruptions in classroom learning will also occur. The biggest decrease in cost, however, will be the reduction in staff and volunteer time associated with distributing, collecting and reviewing consent forms, planning, administering, reading and recording TST results, and following up and referring students with positive results for additional evaluation and testing. Districts that participated in the 2015/2016 pilot project reported substantial reductions in all costs associated with school TB assessment as a result of the risk-based, targeted approach to TB testing in Alaska's schools.

What do we do with students who start school, leave and then re-enroll in the school district?

Our policy has been that if a student returned to a district after a >2 year absence based on date of re-enrollment, they would be treated as a "new enterer" and require screening.

If a student attended a private school in Anchorage and transfers to a public school in Anchorage are they considered "new to district"?

Students who move between public and private schools in the same community or city are NOT considered "new to district" and are not required to have TB assessment as "new school enterers".

The regulations indicate that we have 90 days after enrollment to assess the TB status of the child. Does this mean that the *tuberculin skin test (TST)* or *interferon gamma release assay (IGRA)* must be done within the 90 day period?

Yes. TB testing, if indicated, must be done within 90 days of enrollment.

What should we tell families about the "alternative laboratory-approved methods" mentioned in the current regulations?

"Alternative laboratory-approved methods" mentioned in the current regulations refers to interferon gamma release assay (IGRA) testing. School districts can decide how they relay this information to families. IGRAs are an acceptable alternative to the TST, but the family must arrange for the testing, pay for it, and provide the results to the school district. Our state lab and the Alaska TB Program do not do or pay for IGRA testing. We would not expect school districts to fund IGRA testing.

It would be helpful to have more information regarding the definitions of foreign born, Western or Northern European countries, and villages in the Yukon-Kuskokwim (YK) or Norton Sound (NS) regions of Alaska.

The links below should provide the necessary information:

Foreign born and list of Western and Northern European countries -

<http://unstats.un.org/unsd/methods/m49/m49regin.htm>

YK region including Bethel - <http://www.ykhc.org/library/ykmap-service-area.pdf>

NS region including Nome - <https://www.nortonsoundhealth.org/Locations/Regional-Map>

Can the nurse (or health assistant) review the screening questionnaire over the phone with the parent and document it accordingly?

Nurses can both collect and interpret health information on the phone, in person, or through record review. It is a school district's decision to allow health assistants to collect health history information from parents/guardians by phone, as long as they are not interpreting or making decisions based on the responses.

<http://dhss.alaska.gov/dph/wcfh/Documents/school/assets/RecommendedSchoolHealthServicesStaffRoles.pdf>

Are there any exemptions or waivers to TB screening in school?

NO. The exemption by physician statement that a TB skin testing would be injurious to the student's health was in the old regulations. This is NOT an option with the current regulations. If a student "risks out" (YES on at least one question), has not had a TST (or IGRA) within the previous 6 months, and does not have a history of a prior (+) TST, he/she must have a TST or IGRA. There are NO other options. If the family opts for an IGRA, they must arrange for the testing, pay for it, and provide the results to the school district. Any mention of the provider affidavit needs to be deleted from any forms school districts might use.

How long must we keep the TB Risk Assessment Questionnaire?

Current regulations (4)(c) advise that the result of the health survey, TST, etc. needs to be recorded and retained by the school district in the permanent health record. As long as that occurs, school districts can decide how long to keep the form.

Will the State TB Report reflect the risk assessments?

Yes. The reporting format for the 2016/2017 school year will be revised to incorporate the new risk-based approach for ALL low risk school districts and communities including non-public, private schools. The report will include the number of students new to the district, number of risk assessments done and results – positive and negative, number of TSTs and results – positive or negative, and the number of IGRAs and results – positive or negative.

The notification and reporting process will also be "electronic" this year. All superintendents will be notified by email of the screening and reporting requirements for their respective schools. They will be asked to forward the information to each school principal. Similarly, all non-public and private schools will be notified by email or FAX of the TB screening and reporting requirements for their schools.

All documents and references that schools and districts need will be posted on our website instead of being mailed to each school. Updated information will be available on our website and will include:

- Frequently Asked Questions*
- List of high risk and low risk school districts, communities and boarding schools*
- Link to 7 AAC 27.213*
- Link to online (preferred) and paper TB Screening Reporting Formats for all schools and school districts*
- TB clearance guidance for students with prior positive TSTs or IGRAs*

The regulations say that schools and school districts must provide TB assessment or screening for PreK-12 grade students. At what age does this apply to PreK students?

The Alaska Department of Education and Early Development (EED) provides services to children beginning at age 3. Children ages 3 and older need TB screening as new school enterers. If private schools enroll children in preschool programs before the age of 3, there is no requirement for those children to have TB screening.

If preschoolers are considered new school enterers for the 2016/2017 year, then are preschoolers who were in the district last year considered returning students as kindergartners? Would you recommend screening them with the risk assessment?

Preschoolers who return to the district as kindergartners should NOT need the screening questionnaire IF they had a risk assessment or TST when they were first new to district. If they did NOT have a TST in PreK, they should be screened now by the risk assessment questionnaire since they'll never be "new to district" again. Ideally the assessment and TST, if indicated, can be done within 90 days of enrollment this fall.

The risk assessment questionnaire does not collect information about students with prior positive TSTs or IGRAs. How should this be handled?

The risk assessment was designed ONLY to identify students needing TSTs or IGRAs. Any student with a documented positive TST or IGRA would not be retested. We developed a brief questionnaire that school districts can use to determine current TB risk as well as to document past history and treatment.

What if a student with a previous positive TST or IGRA test answers "Yes" to any of the 4 questions besides the foreign born question, do they need to get a current TB clearance from the PHN or their HCP for TB risk assessment compliance?

No. This question is not addressed in regulation so it is essentially up to the school district to determine requirements. Many schools may follow-up with symptom screening. We developed a brief questionnaire that school districts can use to determine current TB risk as well as to document past history and treatment.

How do I order PPD for school screening?

PPD can be ordered directly from our Drug Room by using the PPD Order Form. Due to increasing costs, it is substantially cheaper to order 1-50 dose vial compared to 5-10 dose vials if you will use more than half of the 50 dose vial within 30 days of opening.

*PPD can be ordered directly from the State of Alaska Drug Room by completing the PPD Order Form (See web link below). Due to increasing costs, **when possible** please order the larger 50 dose vial (5mL) compared to 5 x 10 dose vials (1mL) for:*

- *large screening clinics*
- *scheduled testing that can use **more than half** of the 50 dose vial within 30 days of first puncture/opening.*

If you have any questions please contact the Drug Room at 907-341-2207 or 907-341-2209.

http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/TB/TB_OrderFormPPD.pdf

Since a vial of PPD testing serum expires within 30 days of being opened, how can we avoid wasting it (especially in the smaller schools)?

School nurses may want to check with local PHNs or providers and consider referring children to these resources for TSTs if no cost will be incurred by the family. Documentation of testing and results would then need to be provided to the school.

It is also an option to transfer an opened vial to another school or public health center if the proper cold chain has been maintained during transport and it can be used within 30 days of opening.

For information regarding cold chain management and proper packing during transport please see - <http://www.cdc.gov/vaccines/pubs/pinkbook/vac-storage.html>

Who should I contact if the vial(s) have possibly been involved in a temperature excursion?

Any time that you suspect that the vials have been involved in a prolong temperature excursion whether too cold or too warm, please quarantine the affected vials and contact the Drug Room as soon as possible. Please do not discard the vials until instructed as full (unopened) vials may be returned to a reverse distributor for credit.

*In Alaska, schools have been directed to screen students for TB by the Department of Health and Social Services, Division of Public Health per 7 AAC 27.213 according to TB activity or risk, including the presence of high risk populations. Schools in areas of low TB risk, such as Anchorage, Fairbanks, Juneau, Kenai, etc., as now designated as low risk schools and are required to do risk assessments for NEW SCHOOL ENTERERS ONLY and provide TSTs to those students with identified risk. Schools in areas of the state with high TB activity or risk, such as the Yukon Kuskokwim Delta, Norton Sound, etc., are now classified as high risk schools and are required to screen every student annually for TB by TSTs.